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THE OPHTHALMIC YEAR BOOK.

A Year Book attempts to acquaint its readers with the current publications of the world which bear upon its subject. Theoretically such a publication should be very popular. The members of a learned profession ought to be interested in the new discoveries, the latest thought and study bearing upon the problems with which they are constantly dealing. We should expect that the best and most important papers in the world's literature, sifted, translated and condensed, to make them most accessible, would appeal strongly to the busy doctor. To have the valuable portions of great medical libraries brought to him in one or a few volumes should seem a boon to the isolated practitioner.

But the fact seems to be that such volumes never have achieved popular success. The most successful of them, the German "Jahresberichten," have always had a relatively small circulation at a correspondingly high price. Nagel's Jahresbericht, which has now reached its forty-first year, costs between eight and nine dollars, unbound and without illustrations. In America, within the last generation, Sajous' Annual, of the Universal Medical Series, and Saunders' Year Book of Medicine and Surgery, both well started and energetically pushed, have suspended publication for lack of support.

The Ophthalmic Year Book has, in part, repeated the experiences of similar publications in other fields of medicine. It has met with the highest appreciation, freely expressed by the editors of ophthalmic journals, and others whose broad acquaintance with the field of ophthalmic literature makes their good opinion most significant. The value set upon it by leaders in the literature of ophthalmology makes possible its continuance with a small circle of subscribers, at an increased price, which they would pay rather than be without it.

But the Year Book was started with the hope that the valuable contributions to the world's literature might be brought within the reach of a larger proportion of English-speaking ophthalmologists, who could not command the resources of large medical libraries, or who could not read other languages. It has, so far, failed to accomplish this, to any degree commensurate with the enormous labor involved in its preparation.

On this account no volume of the Ophthalmic Year Book will be published this year. The purpose is not abandoned, but its ultimate accomplishment may be brought nearer by this suspension. In the first place it may be taken as an invitation to others to start such a publication. It leaves the field open. Possibly some individual or educational institution could occupy it more successfully. Certain it is that some association of ophthalmologists might do so. There are five such organizations among English-speaking ophthalmologists; either one of which could undertake such a publication, and give it from the start a wider reading and usefulness than has been attained in eight years under present management. One of these could more than double, in its own membership, the highest circulation reached by the Ophthalmic Year Book.

Again it is possible that a volume like the Year Book, published at longer intervals, each issue covering a period of two, or three, or more years, might be more popular with those who have not learned to think it so important to spend money for the literature of their profession, as to contribute to the church, or for the motor club, or to attend a college or society dinner.

Finally this suspension of the Year Book leaves the writer more free to urge the value and importance of such a publication; and this may do more good than the same effort devoted to the preparation of an additional volume, such as that brought out a few months since. Every one who has found the Year Book of value to himself is invited to join in the effort to extend the appreciation of such a publication among his confreres, to the end that something of the kind may be established upon a permanent basis.

EDWARD JACKSON.

ABSTRACTS.

In publishing abstracts *Ophthalmic Literature* may seem to invade the province of other ophthalmic journals. But it does so only so far as this field remains unoccupied. There will be no duplication. We shall only publish abstracts of articles that have not appeared in any journal published in English within a reasonable time, say, one year, after their appearance in the original form in some other language. We shall only attempt to notice in this way articles of such importance that it seems a serious omission not to have them available in English.

REPEATED TITLES.

Under this heading will be given those references in the Index of Ophthalmology which indicate the appearance of abstracts, translations, continuations or repetitions of papers that have been already noticed in the usual way in preceding numbers of *Ophthalmic Literature*.

Index of Ophthalmology

DIAGNOSIS.

- Bouchart, A. Normal Optometric Scale. *Opht. Prov.* xviii, p. 161.
 Ginestous. Ophthalmoscopy by Colored Light. *Rec. d'Opht.* xxxiii, p. 248.
 Pfalz, G. Stereoscoptometry. *Klin. M. f. Augenh.* Jan., p. 102.
 The Ophthalmoscope in General Practice. *Lancet*, Jan. 6, p. 40.
 Repeated Titles. Golowin. (i, p. 134). *Ann. of Ophth.* xxi, p. 125. Von Pflugk. (i, p. 31). *Ibid.* p. 126. Wessely. (i, p. 103). *Ophthalmology*, viii, p. 268.

THERAPEUTICS.

- Hild, P. Eye Shade. *Monatschr. d. Aerztl. Polytech.* xxxiii, p. 109.
 Koster, W. and Cath, I. G. Treatment of Eye Diseases with Radium. *Nederl. Tijd. v. Geneesk.* ii, p. 633.
 Pich. Poultices for Corneal Ulcer and Iris Inflammation. *Cent. f. p. Augenh.* liii, p. 367.
 Porcher, C. and Bosquet, M. H. Antagonism Between Mydriatics and Miotics. *Clin. Opht.* xvii, p. 639.
 Ryerson, G. S. Use of Radium in Ophthalmology. *Ophthalmology*, viii, p. 147.

Repeated Titles. *Datura Arborea* (i, p. 134) *Ann. of Ophth.* xxi, p. 180. *De Britto*. (i, p. 164). *Ophthalmoscope*, x, p. 52. *Domec*. (i, p. 75). *Ann. of Ophth.* xxi, p. 167. *Dufaure*. (i, p. 119). *Ibid.* p. 177. *Ophthalmoscope*, x, p. 52. *Hayashi*. (i, p. 119). *Ophthalmology*, viii, p. 253.

OPERATIONS.

Bajardi. Stereoscopic Atlas of Ocular Surgery. Paris: Bailliant et Fils.
Hulen, V. H. Bacteriologic Examinations Preceding Ophthalmic Operations. *Texas St. Jour. Med.* vii, p. 244.
Santos Fernandez, J. Postoperative Ocular Hemorrhage. *Anales de Oft.* xiv, p. 228.
Von Liebermann, L. and Lengyel, J. Prophylactic Destruction of Pathogenic Conjunctival Bacteria for Cataract Operations. *Zeit. f. Augenh.* xxvi, p. 490.
 Repeated Titles. *Golowin*. (i, p. 135). *Ann. of Ophth.* xxi, p. 155. *Von Pflugk*. (i, p. 119). *Ophthalmology*, viii, p. 253.

REFRACTION.

Barsalou. Traumatic Myopia. Toulouse Thesis. *Ann. of Ophth.* xxi, p. 160.
Bourgeois, A. St. Jerome and the Invention of Lenses. *Ann. d'Ocul.* cxlvi, p. 386.
Caillaud, M. Choice of Lenses and Mountings for Ophthalmic Use. *Opht. Prov.* xviii, p. 174.
Coleman, W. Amblyopia with High Refractive Error. *Chicago Ophth. Soc.* Oct. 16.
Harris, C. M. Refraction and Use of Cycloplegics, Especially Hyoscine. *Ophth. Rec.* xx, p. 743.
Jona, J. L. Refractive Indices of Eye Media of Some Animals. *Proc. Roy. Soc.* Dec. 8.
Levinsohn, G. Operative Treatment of Astigmatia. *Münch. Med. Woch.* Dec. 5.
Marbaix. Spasm of Accommodation. *Soc. Belge d'Opht.* No. 32, p. 78.
Risley, S. D. Anomalies of Refraction and Ocular Balance. *Ophth. Rec.* xx, p. 739.
Rolland, E. Prevention and Cure of Myopia. *Bull. d'Ocul.* Toulouse, xxv, p. 81.
Rowan, J. Relation of Corneal and Absolute Astigmatia. *Brit. Med. Jour.* Jan. 13, p. 70.
Stock. Etiology and Correction of High Astigmatia. *Klin. M. f. Augenh.* Jan., p. 118.
Ziemann. Spasm of Accommodation. *Ibid.* Dec., p. 803.
Zentmayer, W. Transitory Decrease in Static Refraction of Eye in Diabetics. *Ann. of Ophth.* xxi, p. 38.

OCULAR MOVEMENTS.

Adam, C. Etiology and Treatment of Squint. *Med. Kl.* Dec. 17. N. Y. *Med. Jour.* Jan. 13, p. 91.
Bielschowski, A. Heterophorometer for Testing Heterophoria at Working Distance. *Klin. M. f. Augenh.* Dec., p. 772.
Brunetière. Syphilitic Paralysis of Oculomotor Nerve. *Gaz. hebdomadaire de Médecine de Bordeaux*, xxxii, p. 401.
Coppez, H. Oculomotor Paralysis After Injection of Salvarsan. *Soc. Belge d'Opht.* No. 32, p. 99.
Crigler, L. W. Divergent Strabismus Associated with Myopia. *Arch. of Ophth.* xli, p. 80.
Dimmer. Landolt's Advancement for Squint. *Klin. M. f. Augenh.* Jan. p. 121.

- Duane, A. Description of Methods of Prismatic Exercise. *Arch. of Ophth.* xli, p. 76.
- Grüter, W. Disturbances of Eye Muscles in Atypical Progressive Muscular Atrophy. *Zeit. f. Augenh.* xxvi, p. 498.
- Hessberg, L. and Hessberg, R. Time of Development of So-Called Miners' Nystagmus. *Zeit. f. Versicherungsmed.* iv, p. 217.
- Hoslem, I. Operative Treatment of Squint. *So. African Med. Rec.* (Cape Town), ix, p. 212.
- Klinedinst, J. F. Recurrent Third Nerve Paralysis. *Ophth. Rec.* xx, p. 746.
- Lagleyze. Operations for Strabismus. *Cron. Med.-Quir. de la Habana* xxxvii, p. 433.
- Leplat, L. Ophthalmoplegia Externa with Exophthalmos. *Soc. Belge d'Opht.* No. 32, p. 15.
- Reese, R. G. New Muscle Resection Operation. *N. Y. Med. Jour.* Jan. 13, p. 60.
- Rutten. Symptoms Which Differentiate Miners' Nystagmus From Other Nystagmus. *Soc. Belge d'Opht.* No. 32, p. 73.
- Woiatechk, W. Studies of Nystagmus by Graphic Methods. *Jour. Méd. de Brux.* xvi, p. 375.
- Woodruff, H. W. Secondary Divergent Strabismus. *Chicago Ophth. Soc.* Oct. 16.
- Wootton, H. W. Advancement of Both Externi for Convergent Strabismus. *Arch. of Ophth.* xli, p. 75.
- Repeated Titles. *Campos.* (i, p. 135). *Ann. of Ophth.* xxi, p. 159. *Ohm.* (i, p. 87). *Ibid.* p. 153.

CONJUNCTIVA.

- Adam and Watzold. Parinaud's Conjunctivitis. *Berlin Ophth. Soc.* Nov. 23. *Ophth. Rev.* xxxi, p. 31.
- Axmann. Conjunctivitis and Acne Rosacea. *Münch. Med. Woch.* Dec. 26.
- Ciavaldini. Granular Ophthalmia in Algeria. *Bull. Méd. de l'Algérie*, xxii, p. 442.
- Douvier. Hemorrhagic Conjunctivitis. *Dauphiné Méd.* xxxv, p. 69.
- Dupuy-Dutemps. Syphilitic Lesions of Conjunctiva. *Soc. d'Opht. de Paris*, Nov. 7.
- Duran, M. A. Ophthalmia in Hoya del Magdalena, Columbia. *Ophthalmology*, viii, p. 223.
- Gabriélidès, A. Argyrosis of Ocular Conjunctiva and Skin. (*Bibl.*) *Arch. d'Opht.* xxxi, p. 796.
- Goldzieher, W. Steam Treatment of Acute Gonorrheal Conjunctivitis. *Wiener Klin. Woch.* Nov. 23.
- Hansell, H. F. Ocular Complications in Impetigo Contagiosa. *Ophthalmology*, viii, p. 180.
- Hosford, J. S. and James, G. B. Treatment of Gonorrheal Conjunctivitis in Adult. *Lancet*, Jan. 13, p. 91.
- Kadlicky. So-called Trachoma Bodies. *Cent. f. p. Augenh.* liii, p. 364.
- Lafon, C. Pathogenesis of Phlyctenular Ophthalmia. *Clin. prat. Méd. Chir. de Path.* vii, p. 169.
- Lundsgaard, K. K. K. Finsen Light Treatment of Conjunctival Tuberculosis, Trachoma and Follicular Catarrh. *Klin. M f. Augenh.* Dec., p. 763.
- Nordmann, L. Diphtheritic Conjunctivitis. *Strasburg Thesis*, 1911.
- Opin. Tuberculosis of Bulbar Conjunctiva. *Soc. d'Opht. de Paris*, July 4.
- Post, M. H. Prevention of Ophthalmia Neonatorum. *American Jour. Ophth.*, xxviii, p. 353.
- Poulet. Rapid Cure of Subconjunctival Hemorrhage with Surgical Treatment. *Rev. de therap. Méd.-Chir.*, lxxviii, p. 547.

- Rochon-Duvigneaud.** Filaria of Palpebral Region. Soc. d'Opht. de Paris, Nov. 7.
- Santos Fernandez, J.** Trachoma in Cuba. Med. Rec., Dec. 23, p. 1279.
- Saska.** Statistics of Trachoma in Königgratz. Cent. f. p. Augenh., liii, p. 365.
- Schmeichler.** Vernal Conjunctivitis. Klin. M. f. Augenh. Jan., p. 122.
- Seefelder, R.** Participation of Plica Semilunaris in Vernal Conjunctivitis. Ibid. Dec., p. 706.
- Terson.** Treatment of Purulent Ophthalmia. Gaz. Méd. de Paris, lxxxii, p. 273.
- Van der Straeten.** Trauma and Trachomatous Conjunctivitis. (Dis.) Soc. Belge d'Opht. No. 32, p. 39.
- Williams, J. H.** Steam Treatment of Acute Gonorrheal Conjunctivitis. Lancet-Clin., cxii, p. 39.
- Wootton, H. W.** Ophthalmia Neonatorum in New York City. Bull. N. Y. Health Dept., ii, p. 254.
- Repeated Titles. **Abelsdorff** (i, p. 136) Ophthalmology, viii, p. 204. **Amsler** (i, p. 104) Ibid, p. 217. **Bartels** (i, p. 87) Ann. of Ophth. xxi, p. 129. **Botteri** (i, p. 152) Ibid, p. 131. **Grönholm** (i, p. 136) Ibid, p. 152. **Hegner** (i, p. 61) Ibid, p. 129. **Hegner** (i, p. 121) Ibid, p. 151. **Heiberg and Grönholm** (i, p. 136) Ibid, p. 152. **Hesse** (i, p. 105) Ophthalmology, viii, p. 288. **Heymann** (i, p. 61) Ann. of Ophth. xxi, p. 130. **Hoerder** (i, p. 105) Ibid, p. 151. **Jacovides** (i, p. 121) Ibid, p. 179. Ophthalmology, viii, p. 200. **Lawson** (i, p. 105) Ibid, p. 216. **Mac Callan** (i, p. 137) Ann. of Ophth. xxi, p. 164. **Mohr and Baumm** (i, p. 88) Ibid., p. 154. **Pagenstecher, H. E. and Wissmann** (i, p. 62) Ibid, p. 143. **Steiner** (i, p. 62) Ibid, p. 153. **Wolfrum** (i, p. 122) Ibid, p. 128.

CORNEA AND SCLERA.

- Attias, G.** Fatty Degeneration of Cornea in Keratitis of Nurselings. Klin. M. f. Augenh. Dec., p. 745.
- Birkhäuser, R.** Dendritic Keratitis with Trauma, and Empyema of Antrum. Ibid, Jan. p. 92.
- Bronner, A.** Corneal Ulcer and Iris Spasm. Brit. Med. Jour., Dec. 23, p. 1656.
- Capuscinski.** Progress of Keratomalacia. Klin. M. f. Augenh., Jan., p. 120.
- Dulaney, O.** Episcleritis. South. Med. Jour., iv, p. 558.
- Eleonskaja, W. M.** Nerve Endings in Sclera of Mammals. Klin. M. f. Augenh., Dec., p. 806.
- Fisher, W. A.** Blood Staining of Cornea. Chicago Ophth. Soc., Oct. 16.
- Gebb, H.** Serothrapy in Pneumococcus Ulcer of Cornea. Deutsche Med. Woch., Dec 7.
- Re, F.** Gummatous Keratitis. Arch. di Ott., xix, p. 375.
- Reber, W.** Hyaline Degeneration of Cornea. Ophth. Rec. xx, p. 711.
- Sameh Bey.** Operations for Anterior Staphyloma. Clin. Opht., xvii, p. 637.
- Verhoeff, F. H. and Feingold, M.** Superficial Punctate Keratitis, Neuropathic Keratitis and Iris Changes. (Bibl.) Arch. f. Augenh., lxx, p. 290.
- Wicherkiewicz, B.** Trauma and Parenchymatous Keratitis. Klin. M. f. Augenh., Jan., p. 95.
- Zentmayer, W.** Marginal Degeneration of Cornea. Sec. on Ophth. Coll. Phys., Phila., Oct. 19.

Repeated Titles. **Colombo**. (i, p. 122) *Ophthalmology*, viii, p. 267. **Godechoux** (i, p. 122) *Ann. of Ophth.*, xxi, p. 176. **Hoffman** (i, p. 62) *Ophthalmology*, viii, p. 234. **Reitsch** (i, p. 89) *Ann. of Ophth.*, xxi, p. 131. **Terrien**. (i, p. 138) *Ophth. Rev.* xxxi, p. 14, *Ann. of Ophth.*, xxi, p. 163. **Tertsch**. (i, p. 107) *Ann. of Ophth.*, xxi, p. 132. **Wessely**. (i, p. 122) *Ann. of Ophth.*, xxi, p. 131.

ANTERIOR CHAMBER AND PUPIL.

Bauer. Influence of Different Brain Sections on Vestibular Eye Reflex. *Monatschr. f. Ohrenh.*, xlv, p. 937.
Hey, J. Testing the Pupil Reaction. *Neurol. Cent.* No. 17.
Sicard and Galezowski, J. Syndrome of Horner Following Ganglionic Degeneration of Trigemini with Facial Neuralgia. *Rec. d'Opht.*, xxxiii, p. 225.
Stanziale, R. Inoculability of Leprous Material in Anterior Chamber of Rabbits. *Cent. f. Bakt, etc.*, Dec. 16, p. 308.
Stieren, E. Pupil in Health and Disease. *Ophth. Rec.*, xx, p. 748.
 Repeated Titles. **Bumke** (i, p. 122) *Ophthalmology*, viii, p. 271. **Cosmettatos** (i, p. 154) *Ann. of Ophth.*, xxi, p. 167. **Mawas** (i, p. 49) *Ophthalmology*, viii, p. 279.

UVEAL TRACT.

Alexander, E. W. Tuberculosis of Uveal Tract. *Jour. Ophth. and Oto-Lar.*, Dec., p. 375.
Bergmeister, R. Conglomerate Tubercle of Choroid. *Beit. z. Augenh.*, lxxix, p. 31.
Bradburne, A. A. Acute Plastic Iritis Markedly Benefited by Anti-streptococcus Serum. *Ophthalmology*, viii, p. 175.
Cazalas. Diabetic Iritis Toulouse Thesis. *Ann. of Ophth.*, xxi, p. 160.
Crigler, L. W. Tuberculosis of Choroid after Tuberculin Treatment. *N. Y. St. Jour. Med.*, Jan., p. 45.
Dupuy-Dutemps. Glaucomatous Intraocular Tuberculosis. *Soc. d'Opht. de Paris*, Nov. 17.
Hepburn, N. J. Ossification of Choroid Following Cyclitis and Chorioiditis. *Arch. of Ophth.*, xli, p. 75.
Hess, C. Individual Differences of Normal Ciliary Body. *Ibid.*, p. 29.
Horand, R. Pigment Cells of Iris and Influence of Ultra-violet Rays. *Rev. Neurol.*, xix, p. 188.
Marsh, E. J. Internal Diseases of Eye. *Jour. Med. Soc., New Jersey*, Jan., p. 399.
Poissonnier. Cyst of Iris Treated by Electrolysis. *Clin. Opht.*, xvii, p. 646.
Poulard and Canque. Serous Cyst of Iris. *Soc. d'Opht. de Paris*, July 4.
Sattler, C. H. Vermicular Contraction of Iris Sphincter. (*Bibl.*) *Klin. M f. Augenh.*, Dec., p. 739.
 Repeated Titles. **Meller** (i, p. 139) *Ann. of Ophth.*, xxi, p. 134. **Okuse** (i, p. 36) *Ibid.*, p. 127. **Opin** (i, p. 123) *Ibid.*, p. 161. **Péchin**. (i, p. 123) *Ibid.*, p. 163.

SYMPATHETIC DISEASE.

Black, N. M. Sympathetic Ophthalmia. *Ann. of Ophth.*, xxi, p. 33.
Coppez, J. Sympathetic Ophthalmia. (*Dis.*) *Soc. Belge d'Opht.*, No. 32, p. 23.
Fuchs, E. Sympathetic Ophthalmia. *Klin. M. f. Augenh.*, Jan., p. 122.
Guillery, H. Histologic and Etiologic Character of Sympathetic Inflammation. *Arch. f. Augenh.*, lxx., p. 315.
 Repeated Titles. **Deutschmann, F.** (i, p. 50) *Ann. Ophth.*, xxi, p. 136. **Dutoit** (i, p. 78) *Ibid.*, p. 138. **Elschnig**. (i, p. 50) Continued, (*Bibl.*) *Ophth. Rec.*, xx, p. 722. **Guillery**. (i, p. 108) *Ann. of Ophth.*,

xxi, p. 136. *Ophthalmology*, viii, p. 285. **St. Bernheimer.** (i, p. 139) *Ophthalmology*, viii, p. 283. **Stock** (i, p. 154) *Ophthalmoscope*, x, p. 52. **Von Hippel.** (i, p. 90) *Ann. of Ophth.*, xxi, p. 138.

GLAUCOMA.

- Bettremieux.** Results of Curative and Preventive Sclerectomy. *Soc. Belge d'Opht.*, No. 32, p. 9.
- Bjerrum, J.** Pathogenesis of Glaucoma. *Klin. M. f. Augenh.*, Jan., p. 42.
- Elliot, R. H.** Instrument for Simple Trephining for Glaucoma. *Ophthalmoscope*, x, p. 22.
- Fox, L. W.** Modified Trephine for Fergus-Elliot Operation in Glaucoma. *Ophth. Rec.*, xx, p. 716.
- Fuchs, E.** Lacunae in Optic Nerve with Glaucoma. *Klin. M. f. Augenh.*, Jan., p. 123.
- Ischreyt, G.** Beginning of Inflammatory Changes in Senile Glaucoma. *Arch. f. Augenh.*, lxx., p. 319.
- Magitot.** Infantile Glaucoma. *Soc. d'Opht. de Paris*, Nov. 7.
- Norman, A. C.** Transillumination an Aid in Trephining for Glaucoma. *Ophthalmoscope*, x, p. 20.
- Parsons, J. H.** Theory and Practice in Treatment of Glaucoma. *Lancet*, Jan. 6, p. 15.
- Rollet and Curtil.** Studies of Ocular Tonometry. *Rev. Gén. d'Opht.*, xxx, p. 481.
- Schirmer, O.** Optico-ciliary Resection for Glaucoma. *Arch. of Ophth.*, xli, p. 72.
- Snyder, W. H.** Arterial Sclerosis and Increased Tension in Eyeball. *Ohio St. Med. Jour.*, Jan., p. 2.
- Stock.** Newer Attempts of Glaucoma Therapy. (Dis.) *Klin. M. f. Augenh.*, Jan., p. 115.
- Tertsch.** Formation of True Staphyloma with the Glaucomatous State. *Klin. M. f. Augenh.*, Jan., p. 121.
- Thibert.** Spontaneous Rupture of Eyeball. *Rec. d'Opht.*, xxxiii, p. 238.
- Repeated Titles. **Abadie.** (i, p. 91) *Ophthalmology*, viii, p. 192. **Lagrange** (i, p. 123) *Ibid.*, p. 196. **Smith** (i, p. 139) *Ophth. Rev.*, xxxi, p. 1. **Speilberg** (i, p. 139) *Ann. of Ophth.*, xxi, p. 142. **Zur Nedden** (i, p. 124) *Ophthalmology*, viii, p. 265.

LENS.

- Beaudoux, H. A.** Removal of Lens in Capsule in Cataract Extraction. *Jour.-Lancet*, Jan. 1.
- Crigler, L. W.** Downward Iridectomy in Lamellar Cataract. *Arch. of Ophth.*, xli, p. 70.
- Fox, L. W.** Sliding Flap in Cataract Operations. *Ophthalmology*, viii, p. 202.
- Gallemaerts.** Cataract Extraction with Peripheral Iridectomy. *Soc. Belge d'Opht.*, No. 32, p. 47.
- Harris, S. J.** Treatment of Cataract by Electricity. *Jour. Advanc. Therap.*, xxix, p. 390.
- Howe, L.** Crystalline Lens as Figured in Text Books and as Seen in Eye. *Ophthalmology*, viii, p. 160.
- Jocqs, R.** Inflammatory States Following Cataract Operation. *Clin. Opht.*, xvii, p. 628.
- Kuhnt.** Washing Out of Lens Capsule in Cataract Extraction. *Zeit. f. Augenh.*, xxvi, p. 501.
- Lagrange and Lacoste.** Late Complications after Cataract Operation. *Arch. d'Opht.*, xxxi, p. 769.
- Maddox, E. E.** Safety Device for Dangerous Cataract Extractions. *Ophth. Rev.*, xxxi, p. 9.
- Mann, R. T. H.** Conjunctival Flap. *Med. Fortnightly*, Dec.

- Marbaix.** Preoperative Prognosis of Senile Cataract. Soc. Belge. d'Opht., No. 32, p. 50.
- Reis, W.** Cystin Reaction of Normal and Diseased Lens. Graefe's Arch. f. Ophth., lxxx, p. 588.
- Smith, H. E.** Advantages of Preliminary Capsulotomy in Immature Cataract. Arch. of Ophth., xli, p. 1.
- Vail, D. T.** Cataract Extractions Performed at Jullundur. Ibid., p. 16.
- Von Speyr.** Combination of Knapp's Knife Needle with Electric Illumination. Klin. M. f. Augenh., Dec., p. 775.
- Von Szily, A.** Organ-specificity of Lens. Ibid., Jan., p. 110.
- Repeated Titles.** **Cauvin** (i, p. 155) Ann. of Ophth., xxi, p. 167. **Clausnizer** (i, p. 140) Ophthalmology, viii, p. 250. **Colomb** (i, p. 124) Ann. of Ophth., xxi, p. 163. **Duclos** (i, p. 109) Ibid., p. 172. **Elschnig** (i, p. 64) Ibid., p. 133. **Finlay** (i, p. 109) Ibid., p. 181. **Gourfein-Welt** (i, p. 156) Ibid., p. 166. **Hess** (i, p. 180) Ophthalmology, viii, p. 221. **Jacqueau** (i, p. 78) Ann. of Ophth., xxi, p. 169. **Krüger** (i, p. 65) Ann. of Ophth., xxi, p. 133. **Lakah** (i, p. 78) Ibid., p. 169. **Levinsohn** (i, p. 92) Ibid., p. 158. **Montano** (i, p. 124) Ibid., p. 180. **Moreau** (i, p. 124) Ibid., p. 175. **Ortin** (i, p. 140) Ibid., p. 183. **Pagenstecher** (i, p. 124) Ibid., p. 132.

VITREOUS.

- Cords, R.** Recurring Hemorrhage into Vitreous. Zeit. f. Augenh., xxvi, p. 508.
- Elschnig, A.** Repair of Vitreous. Graefe's Arch. f. Ophth., lxxx, p. 514.
- Löwenstein, A. and Samuels, B.** Repair of Vitreous. Ibid., p. 500.
- Schmidt-Rimpler.** Remarks on Muscae Volitantes. Klin. M. f. Augenh., Jan., p. 113.
- Woodruff, H. W.** Retinitis Proliferans. Chicago Ophth. Soc., Oct. 16.

RETINA.

- Blessig-Amburger.** Severe Ophthalmic Migrain with Spasm of Retinal Vessels. Klin. M. f. Augenh., Dec., p. 811.
- Cords, R.** Retinal Diseases with Massive Exudation. (Bibl.) Zeit. f. Augenh., xxvi, p. 514.
- Proliferation of Retinal Connective Tissue.** Ibid., p. 513.
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Abstracts From Foreign Journals

Bietti, A. Passage into the Circulation of *Bacillus Subtilis* Inoculated into an Eye; as related to Hematogenous Theory of Sympathetic Ophthalmia. *Annali di Ottalmologia*, vol. xxxix, page 833. The author's experiments on rabbits lead him to the following conclusions: (1) After introducing the spores of the bacillus directly into the eye with the cutting edge, or by means of a splinter of copper left in the globe, it was in no case possible to demonstrate the presence of the organism in the blood, in the internal organs, or in the uveal tract of the other eye, although it was possible to isolate it from the inoculated eye. (2) After inoculating the eye with an emulsion of spores which, while not very dense, yet contained a large quantity of infecting material, he succeeded twice in isolating the *bacillus subtilis* from the liver, but not from the uveal tract of the other eye. (3) After inoculating with a very dense emulsion of spores (as Römer had done), the bacillus was found in the uveal tract of the other eye. (4) In one animal out of thirty-five inoculated with a dense emulsion and then kept under observation, he found in the second eye an iritis caused by the inoculated organism. He does not consider this as in the nature of a sympathetic ophthalmia, but merely as a case of metastasis, occurring exceptionally, after the introduction of an enormous quantity of germs into the first eye, and therefore under circumstances which could not possibly present themselves in clinical cases.

Zeeman, W. P. C., Lens Measurements and Emmetropisation. (*Graefe's Archiv.*, vol. 78, part 1, p. 93).

This paper in optical mathematics aims to extend our knowledge of the way in which emmetropia develops in the human eye. It follows the line of Straub's work on the same subject. Seventy-five persons of ages varying between 12 and 30 years were examined. In most cases the pupils were dilated with cocaine or with a 1-1000 solution of homatropin, to facilitate lens measurements. The ophthalmometer and Tscherning's ophthalmophakometer were used.

The measurements and calculations indicate that: (1) differences in the angle alpha in varying refraction are caused by differences in the length of the optic axis; (2) such differences in persons of equal refraction are the direct expression of differences in the distance of the fovea from the optic axis; (3) the distance of the fovea from the optic axis has no relation to refraction; and (4) relations between angle alpha and the degree of refractive anomaly could not be demonstrated.

The average radius of corneal curvature in myopes was somewhat less, but that of hyperopes somewhat greater, than that of emmetropes. The average depth of the anterior chamber, and the radius of the anterior surface of the lens, as well as that of the posterior surface, were greatest in myopes and least in hyperopes; while the thickness of the lens was greatest in hyperopes and least in myopes. Thus, it appears that the differences in corneal curvature are such as to increase errors of refraction, but the variations in the other dimensions tend to a reduction of such errors. The author's measurements also indicate that the refraction of the lens is in hyperopes greater, and in myopes less than in emmetropes. So that the greater the demands made by the optical effect of the other media of the eye, the greater is the refractive strength of the lens. In other words, there exists an "effort toward emmetropia."

Rönne, Henning, Etiology and Pathogenesis of Secondary Divergent Strabismus. (*Graefe's Archiv.*, vol. 78, part 1, p. 49).

The material from which the author works is a total of 3,865 operations for comitant convergent squint, and 673 for comitant divergent

squint, done in Bjerrum's Copenhagen clinic between 1870 and 1909; and also eleven and 211 operations, respectively, for secondary convergent and divergent strabismus falling within the same period. The figures for each decade show about half as great a proportion of cases of secondary divergence after single as after double tenotomy for convergent squint. A series of ninety-two operations of advancement combined with tenotomy does not indicate any greater risk of secondary divergence after the use of this method. Monolateral squint, and the poor central visual acuity which commonly accompanies it, do not appear to predispose to secondary divergence. The same is to be said of periodic squint. The refractive condition at the time of the primary operation does not influence the development of divergence at a later date. There is no greater tendency to secondary squint in cases operated upon between the ages of 2 and 6 years than in older patients; if any distinction is to be made it is in favor of the early age. There does not seem to be any connection between the amount of primary squint and the tendency to secondary divergence. As regards the bearing of the amount of correction obtained at the time of operation the data are inadequate.

The pathogenesis of secondary squint is considered mainly under the heads of (1) operative insufficiency (defective reattachment of the tenotomized muscle); (2) overdosage (from faulty calculation or from abnormally high tension in the antagonist), and (3) spontaneous cure of the original anomaly (rendering the operative effect redundant). Since spontaneous cure is more likely to occur in early life, but, on the other hand, a relatively small proportion of cases of secondary squint arise between the ages of 2 and 6 years, this process does not influence the development of secondary divergence. As regards insufficiency and overdosage the figures are inconclusive. The author states, however, that while he finds no facts which clearly point to a predominating influence of the result by overdosage at the time of operation, he does find a number of circumstances suggesting that considerable rôle is played by operative insufficiency due to faulty healing.

The author expresses himself in favor of early operation, especially in view of the lay tendency to procrastinate fatally in the treatment of squint. Consideration of possible secondary divergence should have no decisive bearing on a choice between tenotomy and advancement.